

**Wisconsin Medicaid/BadgerCare**  
**Reimbursable Mental Health and Substance Abuse Services**

**Definitions**

**General Statement**

Within the provision of mental health and substance abuse services, Wisconsin Medicaid encourages the concept of recovery for all persons who receive services. This includes consumer involvement in assessment, treatment planning, and outcomes. Also, Wisconsin Medicaid promotes the use of evidence-based practice, including culturally competent and trauma-informed practices.

Following are services that have been distinctly identified as mental health or substance abuse services. Medicaid covers other services, such as drugs, that are as significant and important for mental health and substance abuse treatment.

**Adult Mental Health Day Treatment**

Day treatment means a nonresidential program in a medically supervised setting that provides case management, medical care, psychotherapy, and other therapies (including recreational, physical, occupational, and speech therapies) and follow-up services to alleviate problems related to a person's mental illness or emotional disturbances. Emotional disturbances are viewed as being directly related to, or part of, a diagnosed mental illness.

Day treatment services are provided by an interdisciplinary team on a routine, continuous basis for a scheduled portion of a day and may include structural rehabilitative activities including training in basic living skills, interpersonal skills, and problem-solving skills.

- Reimbursable for Medicaid recipients who are 18 years of age or older. (Once a need is identified, and a recipient age 18 to 21 years old chooses day treatment as the service, providers should be assessing which day treatment program is more appropriate, i.e., child/adolescent day treatment services or adult mental health day treatment.
- Provider must be certified as a mental health day treatment program under HFS 61.75, Wis. Admin. Code, by Bureau of Quality Assurance.
- Prior authorization is required after 90 hours per calendar year except for two situations: Prior authorization is always required for inpatient hospital patients and for all day treatment services while recipients are concurrently receiving outpatient psychotherapy, occupational services, and/or substance abuse services of any kind.

**Case Management for Mental Health/Substance Abuse Services (also known as “Targeted Case Management”)**

Case management services assist recipients, and when appropriate, their families, gain access to and coordinate a full array of services, including medical, social, educational, vocational, and other services. These case management services include all of the following: assessment, case plan development, and ongoing monitoring and service coordination.

Case management includes gaining access to or coordinating non-Medicaid services as well as Medicaid services. Wisconsin Medicaid, however, does not cover service provision as part of the case management benefit. The following are examples of activities not covered as case management: medication set-up, money management, skill training, and taking a client shopping.

- There is no age restriction.
- The county/tribe must pay the Medicaid state share for case management services.
- There is no prior authorization requirement.

### **Child/Adolescent Day Treatment Services (HealthCheck “Other Services”)**

Child/adolescent day treatment services mean non-residential care provided in a clinically supervised setting that provides case management and an integrated system of individual, family and group counseling or therapy or other services assembled pursuant to an individually prepared plan of treatment that is based upon a multi-disciplinary assessment of the child/adolescent and his or her family and is designed to alleviate emotional or behavioral problems experienced by the child related to his or her mental illness or severe emotional disturbance.

- Reimbursable for Medicaid recipients up to and including age 21.
- Provider must be certified under HFS 40, Wis. Admin. Code, by the Bureau of Quality Assurance.
- Since this a HealthCheck “Other Service,” prior authorization is required at the beginning of service.

### **Clozapine Management Services**

Clozapine management is a specialized care management service that may be required to ensure the safety of recipients who are receiving this psychoactive medication. Clozapine management is reimbursable only for outpatient services. A recipient is required to have a separate order for laboratory work and a prescription for clozapine management services. Clozapine management services remain available for recipients who are dual eligibles; however, clozapine is reimbursable now through Medicare Part D.

- There is no age restriction.
- A provider must be a certified community support program, physician, advanced practice nurse prescriber with a psychiatric specialty, or pharmacy.
- There is no prior authorization requirement.

### **Community Support Program Services**

A Community Support Program or CSP is a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment

program and staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services in the community for persons with severe and persistent mental illness.

- There is no age restriction.
- Provider must be certified as a community support program under HFS 63, Wis. Admin. Code, by the Bureau of Quality Assurance.
- The county/tribe must pay the Medicaid state share for community support program services.
- There is no prior authorization requirement.

### **Comprehensive Community Services**

Comprehensive Community Services provide a flexible array of individualized community-based psycho-social rehabilitation services authorized by a mental health professional to consumers with mental health or substance use issues across their lifespan.

The intent of the services and supports is: to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders, to restore consumers to the best possible level of functioning, and to facilitate their recovery

The services to be provided are individualized to each person's need for rehabilitation as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under CFR 440.130 (d) in order for the services to be reimbursed by Medicaid.

- There is no age restriction.
- Provider must be certified as a comprehensive community services program under HFS 36, Wis. Admin. Code, by the Bureau of Quality Assurance.
- The county/tribe must pay the Medicaid state share for community support program services.
- There is no prior authorization requirement.

### **Crisis Intervention Services**

Covered crisis treatment services are services provided by a Bureau of Quality Assurance certified crisis provider to a recipient in crisis or in a situation that may develop into a crisis if professional supports are not provided. All crisis intervention services must conform to the standards in HFS 34, Wis. Admin. Code. Crisis intervention services include initial assessment and planning, crisis linkage and follow-up services, and optional crisis stabilization services.

Crisis services do not include those services normally provided by providers of mental health and substance abuse services who routinely deal with crises while providing services (e.g., a

psychotherapist who helps a recipient through a crisis during their scheduled psychotherapy session).

- There is no age restriction.
- Provider must be certified as a crisis intervention provider under HFS 34, Subchapter III, by Bureau of Quality Assurance.
- The county/tribe must pay the Medicaid state share for crisis intervention services.
- There is no prior authorization requirement.

### **Hospital Services**

Hospital inpatient services are those medically necessary services which require an inpatient stay ordinarily furnished by a licensed hospital.

In a general hospital, typically there is a specialized psychiatric and substance abuse unit. Sometimes, treatment is provided in a bed on a general unit.

In addition to general hospitals, there are also psychiatric hospitals. Federal regulations call these psychiatric hospitals “institutes for mental disease,” or “IMDs.”

- There is no age restriction for services provided by a general hospital. For psychiatric (IMD) hospitals, federal regulations only permit Medicaid to pay for recipients age 65 or older, or recipients under age 21. One exception: for persons who are age 21 and are in an IMD on their 21<sup>st</sup> birthday, Medicaid can pay up to age 22.
- There is no prior authorization requirement. Medicaid does pay even if the person is under an emergency detention.

### **In-home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck “Other Services”**

In-home mental health and substance abuse treatment services are covered when medically necessary and are designed to address an individual child’s treatment needs. These services may be individual or family treatment modalities, or a combination. Treatment needs are determined by an in-depth assessment of the child/adolescent, and an individualized treatment plan with measurable goals and objectives are developed for the in-home services. The child and family are integral to the development of the plan of care and treatment goals.

Wisconsin Medicaid may cover various treatment approaches. Two approaches, team and individual, have been most common, although they are not the only treatment approaches covered by Medicaid.

- Reimbursable for Medicaid recipients up to and including age 21.
- Provider must be certified as an outpatient mental health clinic or an outpatient substance abuse clinic by the Bureau of Quality Assurance.

- Since this a HealthCheck “Other Service,” prior authorization is required at the beginning of service.

### **Narcotic Treatment Services (also known as methadone clinics)**

A narcotic treatment service for opiate addiction provides for the management and rehabilitation of patients with certain opiate addictions. Narcotic treatment consists of the use of methadone or other Federal Drug Administration (FDA)-approved narcotics and a broad range of medical and psychological services, substance abuse counseling, and social services. A narcotic treatment service may provide only services directly related to narcotic treatment which are the following: assessment of the patient, urine drug screens, screening for tuberculosis, viral hepatitis, and sexually transmitted diseases, prescribing and administering narcotic medication with dosage and frequency of take-home medications, and substance abuse counseling services.

- There is no age restriction.
- The provider must be certified as a narcotic treatment service under HFS 75.15, Wis. Admin. Code, by the Bureau of Quality Assurance.
- There is no prior authorization requirement.

### **Outpatient Mental Health Services (strength-based assessments including diagnostic evaluations, psychotherapy, and pharmacologic management)**

Outpatient mental health services include strength-based assessments (including differential diagnostic evaluations), psychotherapy services, and other psychiatric services (e.g., pharmacologic management, electroconvulsive therapy, etc.)

Strength-based assessments (including differential diagnostic evaluations) are performed by a certified psychotherapy provider. A physician’s prescription is not necessary to perform the assessment. Assessing and recovery/treatment planning is an ongoing process in collaboration with the provider and recipient. The assessment must, among a number of elements, include the recipients’ strengths and the recipient’s unique perspective and own words about how he or she views his or her recovery, experience, challenges, strengths, needs, recovery goals, priorities, preferences, and values.

The goals of psychotherapy and specific objectives to meet those goals must be documented in the recipient’s recovery/treatment plan that is based on the strength-based assessment. In the recovery/treatment plan, the signs of improved functioning that will be used to measure progress toward specific objectives at identified intervals must be agreed upon by the provider and recipient.

Central nervous assessments/tests include psychological testing, assessment of aphasia, developmental testing, neurobehavioral status exams, and neuropsychological testing.

Health and behavioral assessment and intervention services are those offered to patients who present with primary physical illnesses, diagnoses, or symptoms and may benefit from assessments and interventions that focus on the biopsychosocial factors related to the patient’s

health status. These services do not represent preventive medicine counseling and risk factor reduction interventions.

- There is no age restriction.
- Provider must be a psychiatrist, Ph.D. psychologist, or a master's level therapist (either licensed social worker, licensed professional counselor, licensed marriage or family therapist, or a master's level therapist with 3,000 hours approved by BQA).
- Strength-based assessments (including differential diagnostic evaluations), central nervous assessments, health and behavioral assessments, pharmacologic management, and electroconvulsive therapy do not require prior authorization.
- There are two separate prior authorization thresholds. For psychotherapy, prior authorization is required after 15 hours of psychotherapy or \$500 worth of service. For health and behavioral interventions, prior authorization is required after a separate 15 hours of intervention services or \$500 work of service.

### **Outpatient Mental Health and/or Substance Abuse Services in the Home or Community for Adults**

These are the same services as provided under outpatient mental health and outpatient substance abuse services, but they are provided in the recipient's home or community settings.

- Reimbursable for recipients age 18 and above.
- Performing provider must be either an outpatient mental health clinic or outpatient substance abuse clinic, certified by Bureau of Quality Assurance. Or, the performing provider may be a licensed psychiatrist or a Ph.D. psychologist in private practice.
- The county/tribe must pay the Medicaid state share for community support program services.
- There is no prior authorization requirement.

### **Outpatient Substance Abuse Treatment Services**

Outpatient substance abuse treatment services include individual substance abuse counseling including assessment, family counseling, group counseling, and counseling of persons affected by problems related to the abuse of alcohol or drugs. Outpatient substance abuse treatment services are performed only in the office of the provider, a hospital or hospital outpatient clinic, outpatient clinic, a nursing home, or a school.

Before being enrolled in a substance abuse treatment program, the recipient must receive a complete medical evaluation by a physician.

- There is no age restriction.

- Provider must be a physician or a Ph.D. psychologist in private practice or a certified outpatient substance abuse clinic (which includes certified substance abuse counselors) under HFS 75.13, Wis. Admin. Code, certified by the Bureau of Quality Assurance.
- For substance abuse counseling, prior authorization is required after 15 hours of substance abuse counseling or \$500 worth of service.

### **Substance Abuse Day Treatment**

Day treatment means a nonresidential program that provides individual substance abuse counseling, including assessment and evaluation; treatment planning, group and individual counseling, recipient education when needed for effective treatment and rehabilitative services to alleviate problems related to person's substance abuse. The service is medically monitored and consists of regularly scheduled sessions. Services are provided in a scheduled number of sessions per day and week, with each recipient generally receiving a minimum of 12 hours of counseling per week and/or a minimum of 60 hours within a six-week period of time.

- There is no age restriction.
- Provider must be certified as a substance abuse day treatment service under HFS 75.12, Wis. Admin. Code, by the Bureau of Quality Assurance.
- Prior authorization is not required for the substance abuse assessment, the limit for which is three hours per recipient, per provider in a calendar year. Prior authorization is required before providing any substance abuse day treatment services to a recipient following the assessment.